

**EXHIBIT 1: PROOF OF CLAIM NO. 2252**

4838-8081-9236.1

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT OF MICHIGAN	CHAPTER 9 PROOF OF CLAIM 2014 FEB 20 A 10:24
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	COURT USE ONLY Check this box if this claim amends a previously filed claim.
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>LAURENCE WOODY WHITE</b>			
Name and address where notices should be sent:  P.O. Box 163 (MAILING ADDRESS) 1753 WALNUT ROAD (RESIDENCE) CHLOE, WV 25235 Telephone number: 304-655-6763 email: <a href="mailto:lw933@frontier.com">lw933@frontier.com</a>		RECEIVED FEB 24 2014 KURTZMAN CARSON CONSULTANTS	Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above):  P.O. Box 163 CHLOE, WV 25235 Telephone number: 304-655-6763 email: <a href="mailto:lw933@frontier.com">lw933@frontier.com</a>			Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: <u>\$ 22,148.30 GROSS ANNUALLY UNTIL DEATH!</u>			
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: EMPLOYED BY AND FOR CITY OF DETROIT FOR TWENTY-THREE YEARS AND SEVEN MONTHS (See instruction #2) CITY ENGINEERING; ALSO BLDG & SAFETY ENGINEERING, 23 YEARS AND 7 MONTHS			
3. Last four digits of any number by which creditor identifies debtor: 5115		3a. Debtor may have scheduled account as: Same as #1 and #2 of this document (See instruction #3a)	
4. Secured Claim (See instruction #4) YES Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: AS OF 2/21/2014 \$ <u>0</u>	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: EMPLOYED BY CITY OF DETROIT			
Value of Property: \$ 22,148.30		Basis for perfection: _____	
Annual Interest Rate (when case was filed) <u>N/A</u> % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of Secured Claim: \$ 22,148.30 SEE ITEM 1 ABOVE Amount Unsecured: \$ <u>0</u> AS OF 2/21/2014 (SEE ITEM 1 ABOVE)	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ 22,148.30 ANNUALLY			
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § 503(b)(9), 507(a)(2) \$ 22,148.30 ANNUALLY			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:			
8. Signature: (See instruction #8) Check the appropriate box. <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3004.)			
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>LAURENCE WOODY WHITE</u> Title: <u>RETIRED CITY OF DETROIT EMPLOYEE</u> Company: _____ Address and telephone number (if different from notice address above): <u>SAME AS ABOVE</u> (Signature) <u>Laurence W. White</u> (Date) <u>18 February 2014</u>			

CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code  
**GENERAL RETIREMENT SYSTEM  
OF THE CITY OF DETROIT  
2 WOODWARD AVE RM 908  
DETROIT, MI 48226-3455**

1 Gross Distribution

OMB No.1545-0119

13

Form 1099R

Distributions from  
Pensions, Annuities,  
Retirement or Profit-  
Sharing Plans, IRAs,  
Insurance Contracts, etc.

PAYER'S Federal Identification number      RECIPIENT'S Identification number  
**38-2457952**      **234-48-5115**

2b Taxable amount   
not determined

Total  
Distribution

3 Capital gain (included in box 2a)

4 Federal Income tax withheld

**\$3,300.00**

5 Employee Contributions  
/Designated Roth Contributions or  
insurance premiums

6 Net unrealized appreciation  
in employer's securities

7 Distribution Code(s)      IRA/SEP/  
SIMPLE

8 Other

**7**

9a Your percentage of total  
distribution

9b Total employee contributions

12 State tax withheld

13 State/Payer's state no

15 Local tax withheld

16 Name of locality

This information is being  
furnished to the Internal  
Revenue Service.

14 State distribution

17 Local distribution

**WHITE LAURENCE W  
PO BOX 163  
CHLOE, WV 25235-0163**

10 Amount allocable to IRR within 5  
years      11 1st Yr of Desig Roth contrib.

Account Number 365294